



8FW 3731

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

09/708,186

Filing Date

Nov. 7, 2000

First Named Inventor

Ned S. Rasor

Art Unit

3731

Examiner Name

Dawson, Glen K.

Attorney Docket Number

020017-000310US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
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<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
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<input checked="" type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
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<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Statement under 37 CFR 3.73(b)
Return Postcard |
|--|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

James M. Heslin

Date

February 16, 2005

Reg. No.

29,541

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

JoAnn Evangelista

Date

February 16, 2005



PTO/SB/81 (11-04)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/708,186
	Filing Date	November 7, 2000
	First Named Inventor	Ned S. Razor, et al.
	Title	Method and apparatus for co-application of gases and drugs . . .
	Art Unit	3731
	Examiner Name	Dawson, Glenn K.
	Attorney Docket Number	020017-000310US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

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Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2-2-05
Name	Mark Platshon	Telephone	650.210.3898
Title and Company	President and CEO / Capnia Incorporated		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



PTO/SB/96 (08-03)

Attorney Docket No. 020017-000310US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: NED S. RASORApplication No./Patent No.: 09/708,186Filed/Issue Date: 11/07/2000Entitled: Method and Apparatus for Co-application of Gases and Drugs to Potentiate Their Action in Relieving Headaches, Angina and other Ailments.CAPNIA Incorporated, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is ___%

In the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel __, Frame __, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2-2-05

Date

650.210.3898

Telephone number

Mark Platshon

Typed or printed name

Signature

President and CEO

Title